SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 214
(check only one)

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Ruskowski

Mailing Address 1201 South Main Street

City	State	Zip Code
Crown Point	IN	46307-8481

FEC ID number of contributing
federal political committee.   C

Name of Employer
Franciscan St. Anthony Health - Crown

Occupation
President

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2011

Transaction ID : 19613591

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Bernadine Marcuccilli Wallace

Mailing Address 1003 Overlook Road

City	State	Zip Code
Marion	IN	46952-1330

FEC ID number of contributing
federal political committee.   C

Name of Employer
Marion General Hospital

Occupation
Chief Nursing Officer

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2011

Transaction ID : 19613601

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Allison D. Wharry

Mailing Address 10330 N. Meridian Street, Ste 415

City	State	Zip Code
Indianapolis	IN	46290-1024

FEC ID number of contributing
federal political committee.   C

Name of Employer
St. Vincent Health

Occupation
System Director Health Policy and Gov'

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2011

Transaction ID : 19613602

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).. ▶ 750.00

TOTAL This Period (last page this line number only)............................ ▶

FEC **Schedule A (Form 3X)** Rev. 02/2003